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Effective on 12/08/2004.

PTO/SE/17 (12-04)
Approved for use through 07/31/2006, OMB 0651-0032
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Other:								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets								
HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE								
Indep. Claims 3 or HP =	Extra Clain	<u>ns Fee (5)</u> =		ald (S)				
- 20 or HP = HP = highest number of total		x 50 =				(\$) Fee Pr		
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Each claim over 20 or, fo Each independ <del>e</del> nt claim	or Reissues over 3 or. :	s, each claim over 2 for Reissues, each ù	o and ndepė	more than in the adeat claim mor	e ongu re than	nai patent i in the original pa	**	
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Fee (\$) Fee (\$)  25  25								
Provisional 2. EXCESS CLAIM FEE		100	v	V	v	Ŭ	Small Entity	
Reissue	200	130 .	0.00	230	000	•		
Plant	300		500 500	250	600			
Design	200		300 300	50 150	160	-		
Utility	300 200		500 100	250 50	130			
Application Type	Fee (\$)	<del></del> _	:00 (\$)		<u>Fee (</u>		Fees Paid (\$)	
1. Basic Filing, Seaf	FILING	FEES S	EAR		EXAM	INATION FEES		
FEE CALCULATION  1. BASIC FILING, SEAF	OCH AND	EYAMINATION FE	ES					
Information and authorization on PTO-2038.								
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC								
Check Credit Card Money Order None Other (please identify):								
METHOD OF PAYMENT (check all that apply)								
TOTAL AMOUNT OF PAY	MENT (\$	) 0		Attorney Docket N	10.	M\$1 - 282USC		
Applicant claims small entity status. See 37 CFR 1.27			一	Art Unit		2132		
		Son 37 CER 1 27		Examiner Name		Darrow, Justin T.		
For FY 2005			L	First Named Inven	1001	John D. DeTreville	SEP	
FEE TRANSMITTAL			_ [	Filing Date		7/14/2003		
Fees pursuant to the Consolida	ated Appropria	ations Act. 2005 (H.R. 48	78J.	Application Number	er 1	0/619,153	CENTRA	

101 Signature 38318 (509) 324-9258 (Attorney/Apent) Date 9/15/05 Name (Print/Type) Allan T. Sponseller

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to title (and by the USPTO to process) an application. Confidentiafity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradamerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22213-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## SEP 1 5 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.	10/619,153			
Application Serial No	July 14, 2003			
Inventor	John DeTreville			
Group Art Unit	2132			
Examiner	Darrow, Justin T.			
Attorney's Docket No.	MS1-282USC12			
Confirmation No.	6773			
Title: Method And Apparatus For Authenticating An Open System Application To A Portable IC Device				
To A Portable ÎC Device				

## RESPONSE TO OFFICE ACTION DATED AUGUST 18, 2005

To:

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

From:

Allan T. Sponseller (Tel. 509-324-9256 x215; Fax 509-323-8979) **Customer No. 22801** 

Sir:

In response to the Office Action of August 18, 2005, in connection with the above-identified application, the following remarks are submitted. Favorable consideration is respectfully requested.

A detailed listing of the claims is provided below. A status identifier is provided for each claim in a parenthetical expression following each claim number.